CASA
CALIFORNIA AMBULATORY SURGERY ASSOCIATION

JOIN CASA ONLINE AT
casurgery.org/join

FACILITY MEMBERSHIP APPLICATION

Name of Facility: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Signature of Applicant: _____ Web Address: _____

PERSONNEL (The staff members listed below will be assigned a user name and password for access to the CASA website)

Administrator: _____ Email: _____

Nursing Director: _____ Email: _____

Medical Director: _____ Email: _____

Business Manager: _____ Email: _____

☐ Please check here if you wish to **opt-Out** of the email broadcasts.

Were you referred to CASA by someone? Please list them below:

_____

LEGAL TYPE (check all that apply)

☐ Business Corporation ☐ Joint Venture ☐ Not-for-Profit

☐ Physician Partnership ☐ Management Contract ☐ Other_____

☐ Hospital or Health System Affiliated

___% Owned by Physicians ___% Owned by Hospital ___% Owned by Other

FACILITY TYPE

☐ Freestanding _____ Number of Operating Suites

☐ Physician Office Based _____ Annual Number of Surgeries

☐ Multi Specialty _____ Year Opened

☐ Single Specialty (please list:) _____

Do you joint venture with other physicians? ☐ Yes ☐ No

PROOF OF CERTIFICATION REQUIRED

MEMBERSHIP REQUIREMENT

Please provide a copy of one of the following certificates with your application

☐ CA State License #: _____

☐ Medicare Certified #: _____

☐ AAAASF ☐ IMQ

☐ AAAHC ☐ The Joint Commission

Membership fees are due upon joining.
Renewals are pro-rated and billed for annual January payment.

MEMBERSHIP FEE SCHEDULE

☐ **FACILITY Membership**

1 Operating Room..... **$675**

2-3 Operating Rooms **$875**

4+ Operating Rooms **$1100**

☐ **CORPORATE FACILITY Membership**

*Companies with **4-9 centers** in CA that are CASA members* **$825/center**

*Companies with **10+ centers** in CA that are CASA members* **$775/center**

Please indicate name of corp ownership/management _____

Voluntary PAC contribution: ☐ $7,800 ☐ $2,500 ☐ $1,000 ☐ Other $ _____

If you are unable to contribute to the CASA PAC fund please consider contributing to the following options:

☐ PAC Issues Fund ☐ Advocacy Fund

PAC Contribution Rules: Corporate/Company can contribute $7,800 per calendar year. If individual owns 50% or more of the contributing company, the individual's personal contribution and the company's contribution cannot total more than $7,800. PAC contributions can only be used for campaign contributions. These funds cannot be used to pay for lobbying efforts (KP Public Affairs). Contributions are not tax deductible.

PLEASE MAKE YOUR CHECK PAYABLE TO CASA and MAIL CHECK OR CREDIT CARD INFORMATION, APPLICATION and CERTIFICATE TO:
CASA •PO Box 292698 • Sacramento, CA 95829

Fax:1-844-273-8336 | Email: membership@casurgery.org
Questions: 209-384-1640

PROOF OF CERTIFICATION/ACCREDITATION REQUIRED

Method of payment (Note: VISA/MC/AMEX or check ONLY)

MC/VISA/AMEX#: _____ Exp Date: _____

Name on card
(please print clearly): _____

Signature: _____

By submitting an application for membership or for renewal of membership, the Facility, Individual and / or Vendor acknowledges that it has reviewed the CASA Code of Conduct and Bylaws, and pledges, without reservation to adhere to the standards of practice and conduct set forth therein, with regard to the quality of ambulatory care provided and the management of all other aspects of the member's operations as well as with regard to participation in the credentialing process itself. **To review CASA's complete Bylaws & Code of Conduct, please visit www.casurgery.org.**